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OFFICE OF THE MEDICAL EXAMINER
COUNTY OF COOK, ILLINOIS



REPORT OF POSTMORTEM EXAMINATION

NAME Tonya Reaves **CASE NO.** 413 JULY 2012
AGE 24 **RACE** Black **SEX** Female **DATE OF DEATH** July 20, 2012
ADDRESS 1507 North Kildare **DATE EXAMINED** July 21, 2012 (10:50 AM)
CITY & STATE Chicago, Illinois **EXAMINED BY** Lauren M. Woertz, MD

EXTERNAL EXAMINATION:

The body is that of an adult Black female weighing 216 pounds, measuring 66 inches in length, and appearing the reported age of 24 years.

The body is cold to touch. Rigor mortis is present to an equal extent in all joints. Postmortem lividity is present on the posterior dependent portions of the body.

The natural hair is black and short and an artificial black hair piece is attached to the scalp. The eyes are closed. The irides are brown. The corneae are clouded. The skeleton of the nose is intact to palpation. The earlobes are pierced bilaterally. The lips and frenula are without special note. The mouth contains natural dentition.

The breasts are without palpable masses. The abdomen is obese and striae are on the skin. The external genitalia are adult female. The back and buttocks are without special note.

Multiple scars are on the knees. The fingernails are long. The toenails are short and partially painted with pink polish.

EVIDENCE OF MEDICAL TREATMENT:

1. An endotracheal tube emerges from the oral cavity.

LMW

EVIDENCE OF MEDICAL TREATMENT:

Continued

2. A central line is in the right side of the neck; an adjacent purple contusion on the skin measures 1/2 inch.
3. Abrasions on the midline chest are secondary to defibrillator pads.
4. A vertical stapled incision extends down the lower midline aspect of the abdomen.
5. A bandage is wrapped around the abdomen.
6. Intravascular access catheters are in the antecubital fossae.
7. Gauze is taped to the anterior aspect of the right wrist.
8. Band-Aids are on the anterior aspect of the right thigh and left third finger.
9. A Foley catheter emerges from the distal urethra.
10. Blood-stained gauze is packed within the vaginal canal.

EXTERNAL EVIDENCE OF INJURY:

1. There is no evidence of significant recent external injury.

INTERNAL EXAMINATION:

BODY CAVITIES: The body is entered by a Y-shaped incision. All organs are present in their usual anatomic positions and present their usual anatomic relationships. There are ten blood-stained surgical sponges within the abdominal cavity.

NECK ORGANS: The anterior muscles of the neck reveal no evidence of hemorrhage. The cartilages of the larynx and

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INTERNAL EXAMINATION: Continued

epiglottis are intact. The hyoid bone is intact. Examination of the tongue reveals no evidence of injury.

RESPIRATORY SYSTEM: The right lung weighs 605 grams. The left lung weighs 534 grams. The lungs are diffusely congested. No thromboemboli are present in the pulmonary arteries. The trachea has an erythematous mucosal surface. The bronchi are without special note. On cut section, the pulmonary parenchyma is diffusely congested and edematous.

CARDIOVASCULAR SYSTEM: The heart weighs 270 grams. The coronary arteries pursue their usual anatomic course and are widely patent, without significant atherosclerosis or thrombosis. The valves of the heart are without special note. On cut section, the myocardium displays no focal pathologic change. The aorta and its major branches arise normally, follow their usual course, and are widely patent.

HEPATOBIILIARY SYSTEM: The liver weighs 1505 grams. The liver is brown and smooth with sharp margins. On cut section, the hepatic parenchyma is brown and smooth. The gallbladder and biliary tract pursue their usual anatomic course. The mucosal surface of the gallbladder shows evidence of cholesterolosis.

HEMOLYMPHATIC SYSTEM: The spleen weighs 149 grams. The spleen is gray with a smooth capsule. On cut section, the splenic parenchyma is red/brown and without special note.

GASTROINTESTINAL SYSTEM: The esophagus and stomach are without special note. The small intestines are without special note. There is congestion of the serosal surface of the large intestine. The appendix is present and without special note.

GENITOURINARY SYSTEM: The right kidney weighs 169 grams. The left kidney weighs 179 grams. The renal capsules strip with ease. The external surfaces of the kidneys are brown and smooth. On cut section, the renal parenchyma is brown with normal cortices. The renal pelves, ureters, and urinary bladder are without special note.

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INTERNAL EXAMINATION: Continued

REPRODUCTIVE SYSTEM: The uterus is received in a separate container accompanying the body. The uterus is comprised of a supracervical hysterectomy specimen measuring 3-1/2 x 3.0 inches. The right and left sides of the uterus are cauterized and have a ragged appearance. The serosal surface of the uterus has a pink/tan, slightly boggy appearance. On the posterior aspect of the serosal surface, proximal to the uterine surgical resection margin, there is a defect in the perimetrium/myometrium measuring 3/16 inch in greatest dimension; this defect is adjacent to forcep impression marks on the serosal surface on both the anterior and posterior aspects of the specimen. No other defects are grossly identified. On cut section, the endometrial surface of the uterus contains adherent dark red placental tissue.

The right and left adnexa and the cervical stump remain in-situ. Upon examination, the right adnexa have a hemorrhagic and friable appearance, however, less so than the left adnexa. The right ovary and fallopian tube contain no identifiable defects. The left adnexa have a friable, boggy, and hemorrhagic appearance and there is a well-circumscribed dark red/purple hematoma in the left broad ligament measuring 1.0 inch in greatest dimension. Per clinical history, during an exploratory laparotomy, there appeared to be extensive perforation of the left broad ligament with possible transection of the left uterine artery/vein resulting in hemoperitoneum comprised of 1.0 to 1.5 L of blood and clot. The left ovary and fallopian tube contain no identifiable defects.

The proximal aspect of the cervical stump at the surgical resection margin is cauterized and has a ragged appearance. Upon examination, no gross defects are identified within the cervical stump; the cervical stump measures 1.0 x 1/2 inch. Due to the previously resected nature of the hysterectomy specimen, and the friable and hemorrhagic consistency of the residual tissue examined, discrete defects are difficult to ascertain in the postmortem tissues.

ENDOCRINE SYSTEM: The pituitary, pancreas, and adrenal glands are without special note. *mw*

INTERNAL EXAMINATION: Continued

MUSCULOSKELETAL SYSTEM: The vertebrae, long bones, and ribs are intact to palpation.

CENTRAL NERVOUS SYSTEM: The scalp displays no lacerations or hematomas. On reflecting the scalp, there is no subgaleal hemorrhage. The skull is intact. On entering the cranial cavity, there is no intracranial hemorrhage. The leptomeninges are thin and delicate. The brain weighs 981 grams. Serial sections of the brain reveal no focal areas of pathologic change. The vessels at the base of the brain are without special note.

SPECIMENS:

1. Samples of vitreous humor, blood, and bile are submitted to the toxicology laboratory.
2. Tissue sections are retained.
3. A blood card is retained.

DIAGNOSES:

1. Hemorrhage due to a cervical dilation and evacuation procedure. (Clinical history)
2. Intrauterine pregnancy of 16 weeks estimated gestational age. (Clinical history)
3. Status-post emergent supracervical hysterectomy.
4. Pulmonary congestion and edema.
5. Cholesterolosis of the gallbladder.
6. Abdominal obesity. *mw*

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OPINION:

The cause of death of this 24-year-old, Black female, TONYA REAVES, is due to hemorrhage resulting from cervical dilatation and evacuation due to an intrauterine pregnancy. *sw*

MANNER OF DEATH: Accident. *sw*

Lauren Woertz, MD

Lauren M. Woertz, MD
Assistant Medical Examiner

8/30/12

LMW:afl/gab
07/30/12

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RESULTS OF TOXICOLOGIC ANALYSES

M.E. CASE NO. 0413 JUL 12 TOX. CASE NO. 12-2475
DECEASED NAME : TONYA REAVIES
RACE : BLACK SEX : FEMALE AGE : 24
AUTOPSY DATE 07/21/2012 REPORT DATE 07/24/2012
PATHOLOGIST : LAUREN E MOSER M.D.

<u>DRUG/TISSUE</u>	<u>METHODOLOGY</u>	<u>RESULTS</u>	<u>AMOUNT</u>
NO DRUG DATA AVAILABLE			

JW
7/24/12

Patrick S. Ng, Ph.D.
PATRICK S. NG, PHD.
CHIEF TOXICOLOGIST

JUL 26 2012